

LETTERS *to the Editor*

The Physician, His Association And Health Care

To the Editor: Not long ago there was a most provocative series of articles that ran for several months in CALIFORNIA MEDICINE entitled "The Scope and Responsibility of Medicine."¹ Many of the thoughts expressed have been further emphasized by the appearance recently in the *New England Journal of Medicine* of two articles^{2,3} relating to organizational changes and/or new bodies which might define health problems and work toward solutions more efficiently than our existing organizations. One article, written by Dr. F. J. L. Blasingame, details ways in which the American Medical Association might alter its structure and become functionally more responsive. Another, by Dr. James A. Shannon, details some of the early history of a small group trying to establish a National Academy of Medicine, working mutually with the National Academy of Sciences and the National Academy of Engineering.

It is apparent that many of the problems and paradoxes now existing in the distribution of health care in this country are crying for solution by the alteration, resurrection or creation of new structures for this purpose. An editorial, "Treatment for the Medical Body,"⁴ in the *New England Journal of Medicine* states: "The practicing physician, in turn, must aggressively seek a role. If his attitude and that of the organization that represents him is negativistic, he once again may opt out in the shaping of plans that influence his own future."

When the physician, overworked and overstressed in fulfilling his obligations, becomes part

of an association, the role of that association becomes in many respects the voice of all physicians. The association assumes responsibilities over and beyond those of any single physician to his patients. It now has a certain responsibility for care given by *all* physicians that belong to it.

Some aspects of health care seem uniquely and appropriately within the purview of such an association, particularly if it expresses the vast majority of practicing physicians. First of all, perhaps, is the encounter that takes place between a practitioner and his patient. The role that this encounter plays in health care has not perhaps been adequately studied but is certainly a most proper concern of the physician's association. Also, his association should be involved with other disciplines that impinge upon the care of his patient, at least when they affect the welfare of his patient or the therapeutic process by which he is taking care of his patient. The physician's association should be intensely interested in all phases of physician education, from the time a student in college decides to become a physician and begins studies oriented in this direction, through medical school, and on through his entire professional life.

Next, the association must—as an association—take cognizance of the way in which health care is given to the people of the land in which it operates. Thus, the American Medical Association should have a deep interest and a strong voice in the definition of standards for the delivery of health care.

Finally, the association should be attentive to the application of biomedical research to patient care.

It seems that the above points represent those areas central to the activities of an organization such as the American Medical Association. Certain other activities are of obvious interest to the organization but they are areas over which it can have lesser degrees of control. Financing of care might be considered as one of these. While opinions may be rendered, the mechanisms by which people pay for their care are largely not in the

control of the association to which physicians belong.

The growing professionalism of allied groups—nurses, social workers, hospital administrators, etc.—and the necessity to weld them into a smoothly working team for the best care of patients, while a deep concern of a physician's organization, is a difficult one for it to influence.

The role of government as a supporter and regulator of ever-increasing aspects of medical care is similarly of great concern but, again, lesser control.

Decisions regarding these vexing problems are generally made by public bodies after consultation. Much of the uproar that is now current with respect to the roles of the American Medical Association, the American Public Health Association, the American Association of Medical Colleges, etc., revolves around the selection of the consultant. Should it be a group of prestigious medical scientists, teachers, educators and administrators—such as is proposed for a National Academy of Medicine—"free from special interests"? Should it be the American Medical Association? The American Hospital Association? The American Association of Medical Colleges? The American Nurses' Association? The list can be expanded indefinitely. Should we, as physicians, want our American Medical Association to enlarge its membership by acceptance of workers of all types in health care? Should we have a large, representative but diffuse organization, or should the American Medical Association remain responsive to and representative of physician needs and then be amply represented in a broad "American Health Association" composed of other institutional representatives?

It is almost axiomatic that any solutions achieved to cope with the problems of health care in this country will carry within them the seeds of further problems. In solving the problems we have now, there must be developed a mechanism by which the problems of the future will be met flexibly and easily. It seems to me a problem of this type is more efficiently handled by a federation of organizational representatives than by one reconstructed out of a former organization or a body made up of people with no special interests.

It seems to me, as a physician, that the broad and deep problems which concern physicians and physicians' organizations represent many reasons for keeping the American Medical Association a

physician-oriented group. The association, whatever the reorganization that may take place in it, should still confine itself to the problems which are related to physician activities. At the same time, the American Medical Association should join with other organizations in the development of a broadly based group within which the various health care disciplines can meet and can discuss and can work. The development of an organization of this sort would mean no lip-service development. This should be a large representative body, capable of hard work, representative of wide opinions, with good lines of communication to and from the various organizations which it represents. It should be sufficiently funded to carry on extensive day-to-day activities, as well as the types of surveys and data collections necessary for the achievement of adequate opinions. While the economy of time achieved by the creation of a single-minded group which would—through sheer force of persuasion—solve some of today's problems might be an attractive feature, this might be at the cost of the flexibility needed for future problem-solving. The somewhat slower and more cumbersome arrangement achieved by an open, democratically-oriented federation composed of organizational representatives of the health professions would, in the long run, be a more truly representative body for health care in America.

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REFERENCES

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3. Shannon, James A.: Medicine, Public Policy and the Private Sector: Organizational Deficiencies, *New Eng. J. Med.*, 281:135-141, 17 July 1969.
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Cystic Fibrosis in Children And Adolescents

To the Editor: My recent article, "Psychological Aspects of Cystic Fibrosis in Children and Adolescents," in the May 1969 issue of *CALIFORNIA MEDICINE* resulted in such a deluge of requests! I was surprised to find how much interest there is